

Historical



DEPARTMENT OF BUILDING & SAFETY

PERMIT APPLICATION

333 North Rancho Drive, Las Vegas NV 89106-3703

Phone: (702) 229-6251 Fax: (702) 382-1240

Project # 3106320-16 (CLV USE ONLY)

Parent (Original) Project # _____

FOR: ☒ Commercial & Public Structures

☐ Single Family Residence VALUATION: \$ 3,468.00

WORK DESCRIPTION: Install Low-Voltage Burglar Alarm (5-devices)

**For Mechanical, Plumbing and Electrical Permits, please use our Web estimator for your permit fee calculations. A print out of your Permit Estimator results should be attached to this application. <http://www.lasvegasnevada.gov/Apply/permitEstimator.htm>*

PROJECT/TENANT NAME: The Mob Museum

PROJECT ADDRESS: 300 E. Stewart Ave ZIP: 89101

PARCEL NO.: 139-34-501-007 ZONE: _____ Land Use/Entitlements: _____

APPLICANT INFORMATION:

Company Name: Alarmco, Inc. Individual Name: Susan Smith

Phone: 702-382-5000 Fax: 702-382-5776 Email: ssmith@alarmco.com

CONTRACTOR INFORMATION:

☐ Owner/Builder (Residential only on primary residence).

Company Name: Alarmco, Inc. Individual Name: Barry Greenblatt

Phone: 702-382-5000 Fax: 702-382-5776 E-mail: install@alarmco.com

State Contractor License: 8024 City of Las Vegas Business License: 3000000102

REQUIRED FOR SUBMITTAL: (Please note that plan check fees are based on occupancy, use, construction type and square footage)

OCCUPANCY GROUP(S): _____ USE: _____ CONSTRUCTION TYPE: _____

TOTAL SQUARE FOOTAGE: _____ AFFECTED SQ' (TI's): _____ ☐ Is this a Highrise? More than 55'?

****IF THE BUILDING IS MIXED USE, PROVIDE CODE ANALYSIS PER FLOOR AS A SEPARATE ATTACHMENT****

SQUARE FT OF FLOOR AREAS: 1st _____ 2nd _____ 3rd _____ 4th _____

Garage _____ Patio _____ Balcony _____ Number of Units _____ Number of Stories _____

SPECIAL CONDITIONS: Install low Voltage Burglar System
(5-devices)

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this permit.

[Signature] 2/4/16
Contractor or Agent / Owner Date

Planning Department Date

[Signature] 2/4/16
Land Development/Flood Control Engr. Date
[Signature] 2/4/16
Building Department Date

Fire Department Date

TOTAL PERMIT FEE: \$ _____

PRE-PAID: Plan Review \$ _____
PRE-PAID: Zoning \$ _____
TOTAL \$ _____

**Permit Expires 180 Days After
Abandonment of Work**
Permits expire when no inspection has been approved for any 180-day
period after the permit has been issued.